PTC/SB/22 (07-09)

Approved for use through 07/31/2012. OMB 0651-0031

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exceed to a collection of information unless fisches as valid CMB control number.

Una	at the Laberwork	Reduction Act of 1995, no persons are require	to to respond to a conection	Of illiformation unless it displa	ys a valid OMB control fluriber.
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)				Docket Number (Optional)	
FY 2009				5486-0172PUS1	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)					
Applic	ation Number	10/823,600-Conf.	#6239	Filed A	pril 14, 2004
For REMOVABLE KEYBOARD					
Art Un	it 2629			Examiner	P. Karimi
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
			Fee	Small Entity Fee	
	X One m	onth (37 CFR 1.17(a)(1))	\$130	\$65	\$ 130.00
	Two m	onths (37 CFR 1.17(a)(2))	\$490	\$245	\$
	Three	months (37 CFR 1.17(a)(3))	\$1110	\$555	\$
	Four m	onths (37 CFR 1.17(a)(4))	\$1730	\$865	\$
	Five m	onths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$
Applicant claims small entity status. See 37 CFR 1.27.					
H		check in the amount of the fee is enclosed.			
H		ayment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account					it Account.
×	=				
	Deposit Account Number 02-2448				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
application reserves.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	×	attorney or agent of record. Re	gistration Number	39,491	
attorney or agent under 37 CFR 1.34.					
		Registration number if acting u	nder 37 CFR 1.34		_
	100	i (Mun	# 58,755	Septemb	er 4, 2009
_	Signature			Date	
	Michael R. Cammarata		(703) 205-8000		
		Typed or printed name		Telephor	ne Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
	Total of	1 forms are subr	nitted.		